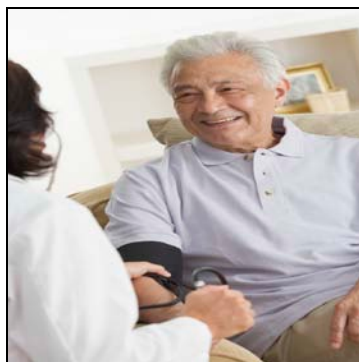


Nebraska Health Connection Client Guidebook

■ *MAKE SURE YOU'RE COVERED*



**Managed Health Care
Benefit Information
Inside
Save this Booklet!**

Department of Health & Human Services



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Where to Find It

In this booklet, you will find information about the Nebraska Health Connection, Nebraska's Medicaid Managed Care Program. **You still have full Medicaid coverage!** Nebraska Health Connection only changes how you get your medical care. Please take a few minutes to review the information in this booklet and if you have questions, call the Medicaid Enrollment Center at:

Toll Free 1-888-255-2605
Local in the Lincoln area 471-7715

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What Is Nebraska Health Connection?

Nebraska Health Connection (NHC) is the Medicaid Managed Care Program. It is how you will receive your Medicaid Health Benefits. The Nebraska Health Connection Program will provide the services you need. You will have a doctor, called your Primary Care Physician (PCP), who will coordinate your health care needs. The Nebraska Health Connection is a program designed to help you stay healthy. The Medicaid program is run by the Nebraska Department of Health and Human Services (DHHS).

What Are The Benefits of Nebraska Health Connection?

You will receive access to medical care 24 hours a day, 7 days a week. Your PCP will provide the services you need to stay well and to help you when you are sick. Your PCP will refer you to Specialists as needed. You will also learn ways to stay healthy, and receive help with managing your health care and any problems you have.

Your Rights As A Patient

You have the right to:

1. Treated with respect, dignity, and without discrimination or retaliation.
2. Be given information about your illness or medical condition; understand the treatment options, risks, and benefits; and make informed decisions about whether or not you will receive treatment.
3. Participate in decisions about your healthcare including the right to refuse treatment.
4. Talk with your doctor and health plan and know your medical information will be kept confidential.
5. Choose a doctor (PCP) and health plan.
6. Have access to your doctor (PCP) and health plan.
7. Receive care in a timely manner.
8. Request a copy of your medical record and request changes to your medical record.
9. Make a complaint about your doctor and/or health plan and receive a timely response.
10. Receive information on the medical services provided by your health plan.
11. Change your PCP at any time.
12. Change your health plan within 90 days of initial enrollment or every 12 months without reason after your initial enrollment.
13. Have Nebraska Health Connection and health plan materials explained if you do not understand them.
14. Have interpreters at no cost, if necessary, during medical appointments and in all discussions with your PCP, or health plan.
15. Request a fair hearing if services are denied, terminated, or reduced.
16. Make advance directives, if desired, and receive assistance if needed.
17. Receive proper medical care 24 hours a day, 7 days a week.

No person may be subjected to discrimination in any Department of Health and Human Services program or activity based on their race, color, sex, age, nation origin, religious creed, political beliefs or handicap.

Your Responsibilities As A Patient

You have the responsibility to:

1. Understand, to the best of your ability, how the Nebraska Health Connection is used to receive health care.
2. Choose a health plan and doctor as a Primary Care Physician within 15 days.
3. Take your Medicaid ID card and health plan ID card to all medical appointments and to the pharmacy for prescriptions.
4. Keep your scheduled appointments with your doctor.
5. Call your doctor's office at least 24 hours in advance if your appointment must be rescheduled.
6. Tell your doctor your medical problems.
7. Ask questions if you do not understand.
8. Follow your doctor's orders and advice.
9. Assist in the transfer of your medical records.
10. Get services from your doctor (PCP) unless referred elsewhere by your doctor.
11. Inform DHHS staff if your address has changed, you are or become pregnant, or any other changes that could affect you Medicaid eligibility or coverage.
12. Cooperate with all Nebraska Health Connection inquiries and surveys.

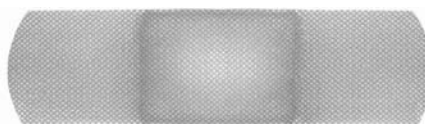
How Do I Enroll In A Nebraska Health Connection Plan?

You have the choice to enroll in one of two Medicaid Managed Care Plans. The chart on pages 6 and 7 can help in deciding which plan is right for you. You will also need to choose a doctor as your Primary Care Physician (PCP). The provider directory at the end of this guide can help you find out if your current doctor is a provider in the managed care plans.

To enroll in a health plan and choose your PCP, you must:

- Contact the Medicaid Enrollment Center at 471-7715 in Lincoln or 1-888-255-2605 outside of Lincoln and let the choice counselor know who you want to choose for your health plan and doctor. **Even if you already have a doctor, you still need to call.**
- You can call the Medicaid Enrollment Center between 8:00 a.m. and 5:30 p.m., Monday through Friday.
- You must contact the Medicaid Enrollment Center **within 15 days** to let them know your choice of a health plan and PCP.
- ***If you do not pick a health plan and PCP within 15 days, a health plan and doctor will be chosen for you.***
- Interpretation services are available at no cost if you need them.

Once you have enrolled in a health, you will receive a member handbook from that plan. Refer to this with any questions regarding your chosen plan.

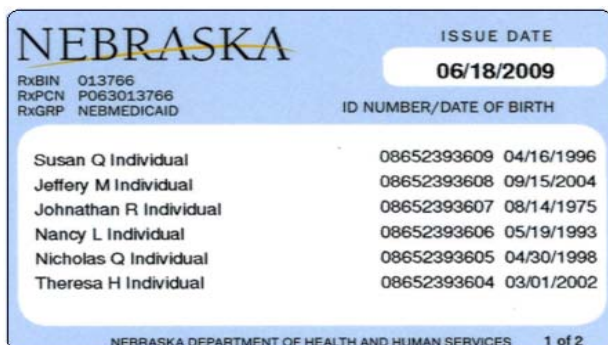


Nebraska Health Connection

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How To Use Your Medicaid ID Card

1. You must bring your Medicaid ID card with you to every doctor appointment and everywhere you receive medical care.
2. The Medicaid ID card has this information on it:
 - The names of you and your family members
 - The Medicaid number of you and your family members
 - The date of birth of you and your family members
 - The phone number of the Medicaid Enrollment Center



THIS CARD DOES NOT GUARANTEE ELIGIBILITY.

FOR CLIENT:
This is your permanent Medicaid ID card. Keep this card. To verify your current eligibility for Medicaid, call toll-free at 800-383-4278 (in Lincoln 323-7455). If you are enrolled in Managed Care, you can verify your information by calling 888-255-2605 (in Lincoln, 471-7715). If your card is lost or stolen, call your caseworker.

FOR PROVIDER:
Eligibility must be verified. To verify eligibility and obtain information regarding claims submission, call NMES at 800-642-6092 (in Lincoln, 471-9580); log-on to www.dhhs.ne.gov/med/internetaccess.htm; or call the Medicaid Inquiry Line at 877-255-3092 (in Lincoln, 471-9128).

This card is non-transferable and is for identification only and is not a guarantee of benefits or eligibility. Any fraudulent or unauthorized use of this card is strictly prohibited and punishable by law.

3. You will also receive an insurance card from your health plan. **BE SURE TO BRING BOTH CARDS TO EVERY DOCTOR APPOINTMENT.**

Remember: You must present your Medicaid ID card and your health plan card wherever you receive medical care!

How Do I Get Care?

1. If you get sick or need a checkup, call the doctor chosen as your Primary Care Physician (PCP).
2. If your family member is sick or needs a checkup, call their doctor chosen as their PCP.
3. If you cannot keep the doctor's appointment, you need to call your doctor's office and tell them.
4. It is very important to call the doctor's office at least 24 hours in advance if you need to cancel the appointment.
5. If you cancel an appointment, make arrangements with your doctor's office for a new appointment.
6. If you need to see a Specialist, talk with your PCP first
For example: If your child needs to see an ear doctor, your child's PCP will recommend which ear doctor you should take your child to.
7. The Specialist you see must be in the health plan you have chosen.
Note: There are a few exceptions to the Specialist rules-
 - Routine vision care (you must see a doctor in the health plan you have chosen)
 - Dental services (you must go to a dentist who accepts Medicaid)
 - Family planning services (you may go to any provider but they must accept Medicaid)
 - Mental Health and Substance Abuse services

Emergency Care

An emergency is considered any condition that could endanger your life or cause permanent disability if not treated immediately.



The following are examples of emergencies:

- *A serious accident*
- *Chest pains*
- *Severe bleeding*
- *Difficulty breathing*
- *Poisoning*
- *Stroke*
- *Severe burns*

You must see your PCP for all follow up care! Do not return to the emergency room for the follow up care. Your doctor will either provide or authorize this follow up care.

Urgent Care

Urgent care is when you are not in a life-threatening and have time to call your Primary Care Physician. If you have an urgent care situation, call your doctor chosen as your PCP to get instructions. Your PCP is available to you 24 hours a day, 7 days a week.

Some examples of urgent care are:

- Fever
- Stomach pain
- Earaches
- Headache
- Symptoms of cold or flu



Services Covered By Your Nebraska Health Connection Plan

- Inpatient Hospital services
- Outpatient Hospital services
- Medical Laboratory and X-ray services
- HEALTH CHECK (EPSDT) services for children under the age of 21
- Physician services including nurse practitioner, certified nurse midwife, physician assistant, and anesthesia services. Examples of Physician services are:
 - ✓ Prenatal and Maternity care
 - ✓ Routine office visits
 - ✓ Specialty consultations and/or treatment
 - ✓ Physician administered medications
- Home Health services
- Private Duty Nursing services
- Therapy services (e.g. physical, occupations, and speech pathology therapies, and audiology)
- Medical equipment and medical supplies including hearing aides, orthotics, prosthetics, and nutritional supplements
- Podiatry services
- Chiropractic services
- Ambulance services
- Medical Transportation services
- Vision Services
- Skilled Care
- Family Planning services
- Services provided at a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC)



Services Not Covered By Your Nebraska Health Connection Plan

- There are other services that your NHC plan does not cover, **but that Medicaid still covers. THE SERVICES LISTED BELOW ARE STILL AVAILABLE TO YOU:**
- Dental services
- Prescription Drugs
- Personal Assistance Services
- Long Term Care
- Home and Community Based Waiver Services (HCBS)
- Hospice Services
- Mental Health and Substance Abuse services

Coventry Plan Overview

Service Area	Cass, Dodge, Douglas, Gage, Lancaster, Otoe, Sarpy, Saunders, Seward, and Washington counties
Enrollee Satisfaction	If you are not satisfied with your healthcare, you can call: 1-888-784-2693 or call 711 if you have a speech or hearing impairment and use a TTY
Hospitals	Alegent Health Bergan Mercy Hospital, Alegent Health Immanuel Medical Center, Alegent Health Lakeside Hospital, Alegent Health Mercy Hospital, Alegent Health Midlands Community Hospital, Beatrice Community Hospital, Boys Town National Research Hospital, Children's Hospital, Community Memorial Hospital, Creighton/Saint Joseph Hospital, Fremont Area Medical Center, Jennie Edmundson Hospital, Lincoln Surgical Hospital, Madonna Rehabilitation Hospital, Memorial Community Hospital, Memorial Health Care System, Nebraska Heart Hospital, Nebraska Methodist Hospital, Nebraska Orthopaedic Hospital, St. Mary's Community Hospital, Saunders Medical Center, Select Specialty Hospital -Omaha, Saint Elizabeth Regional Medical Center, The Nebraska Medical Center-Clarkson Tower, The Nebraska Medical Center-University Tower, Bellevue Medical Center
Referral Process	No referrals needed for medical care or vision care
Medical Benefits	The basic Medicaid benefits package remains the same, including vision coverage. Benefits include ambulance, chiropractic, durable medical equipment (DME), eye care and glasses, family planning, hearing aids, home health, hospital, maternity and baby care, medical tests, doctor services, rehab and therapy, stop smoking classes, and emergency and urgent care
Language Capabilities	Bilingual providers are available who speak: Spanish, French, German, Hindi, Arabic, Chinese, Vietnamese
Translation Capabilities	Language translation is available through Customer Service at: 1-888-784-2693 (TTY: 711). Many hospitals and clinics offer translation
Special Needs	Members with special needs can use a specialist as their primary care physician (PCP). All special needs members may enroll in case management. All providers have offices and parking accessible to the physically disabled. Some have devices for the hearing and visually impaired. For the hearing or speech impaired who use a TTY, members may call 711. Member materials available in other format
Wellness and Education	<div> Healthy Mom, Happy Baby program Text4baby Mobile Health reminders program Welcome calls and new member educational materials Early Periodic Screening Diagnosis and Treatment program Congestive heart failure program High risk pregnancy program Obesity program Prenatal classes (all ages) Lamaze classes (all ages) Stop smoking classes KidsHealth, Provider Search and information about staying healthy available online 24/7 on www.CoventryNebraskaMedicaid.com Community outreach, education and partner programs with Federally Qualified Health Centers and other community service groups Member handbook </div> <div> Portable Crib Prenatal program The Bear Facts member newsletter Asthma management program Diabetes program High blood pressure program Family planning Parenting classes (all ages) Flu shots and immunizations Health care reminders </div>
Special Programs	Free transportation for: -Doctor's appointments -Hospital appointments Doc Bear Club 24 hour Nurseline for health questions Member ID card Member advisory board -Vision care appointments -Pharmacy services after a medical appointment
Case Management	Coventry Nebraska Nurse Case Managers will work closely with you and your Primary Care Physician in managing your medical care. New member packets and quarterly mailings available in English and Spanish for disease management. Case Managers provide educational support, help members get services, coordinate care with providers and hospital-to-home care. Case Managers work closely with PCPs to help members get care through their medical home. Nurse Case Managers are available Monday through Friday, 8:00 a.m. to 5:00 p.m. Call 1-800-471-0240
Customer Service	Customer Service is available Monday through Friday, 8:00 a.m. to 5:00 p.m. Call 1-888-784-2693 (TTY: 711) with questions. To request transportation for medical appointments, please call 1-877-892-3990

Share Advantage Plan Overview

Service Area	Cass, Dodge, Douglas, Gage, Lancaster, Otoe, Sarpy, Saunders, Seward, and Washington counties
Enrollee Satisfaction	If you are not satisfied with your health care, you can call: 1-800-641-1902 (toll free) or 1-800-833-7352 (TDD/TYY for the hearing impaired)
Hospitals	<p>Douglas/Sarpy Counties: Boys Town National Research Hospital, MHS Clarkson Hospital, Children's Memorial Hospital, Jennie Edmundson Memorial Hospital, Methodist Hospital, Creighton University Medical Center, NHS- University Hospital, Alegent Health Bergan Mercy Medical Center, Alegent Health Immanuel Medical Center, Alegent Health Midlands Community Hospital, Alegent Health Lakeside, Alegent Health Mercy</p> <p>Lancaster County: BryanLGH Med Center-West Campus, BryanLGH Medical Center-East Campus, Madonna Rehabilitation Hospital, Saint Elizabeth Regional Medical Center</p> <p>Share Advantage also provides coverage through hospitals and physicians located in Dodge County-Fremont Area Medical Center, Gage County-Beatrice Community Hospital, Otoe County-St. Mary's Hospital & Community Memorial Hospital, Saunders County-Saunders County Health Center, Seward County-Memorial Health Care system, and Washington County-Memorial Community Hospital. Please contact Share Advantage at 1-800-641-1902 for additional information</p>
Referral Process	Share Advantage encourages its members to visit their PCP first for medical services to ensure coordination of care, but we do not require referrals from primary care providers to authorize services from Specialists
Medical Benefits	The basic Medical benefits package remains the same, including vision coverage. In addition, routine physical exams for adults are covered
Language Capabilities	Bilingual providers are available who speak: Spanish and Vietnamese as well as many other language
Translation Capabilities	Free in office, telephonic, interpretation services are available to all Share Advantage providers and members
Special Needs	All providers have offices and parking accessible to the physically disabled. Some have devices for hearing and visually impaired
Wellness and Education	<p>Healthy First Steps: If you are pregnant, you can sign up for our Healthy First Steps program. You can leave a confidential message by calling 1-888-303-6163 (toll-free)</p> <p>Ask about our FREE diaper Rewards Program</p> <p>Our Customer Service Center is available 24 hours a day, 7 days a week. Please call 1-800-641-1902.</p> <p>Live welcome calls and educational materials to new members</p> <p>"Health Talk", a quarterly member newsletter provides you with general health information</p> <p>Early Periodic Screening Diagnosis and Treatment reminder mailings</p> <p>Health care reminders</p> <p>Community-based education and wellness programs</p>
Special Programs	<p>Our Healthy First Steps program helps you during your pregnancy, including mailing educational materials throughout your pregnancy and offers FREE diapers as part of our Diaper Rewards Program</p> <p>Additional programs include:</p> <ul style="list-style-type: none"> Prenatal classes for all ages Parenting classes for all ages Lamaze classes for all ages Asthma Management Program for all ages Diabetes Management Programs for all ages Obesity Management for all ages Hypertension Management Program for Management of Special Needs members <p>Value Added Benefits:</p> <p>Free transportation for WIC appointment, Parenting classes including Lamaze, and prescription pick up after your medical appointment. To arrange transportation, call 866-402-5752</p>
Case Management	Share Advantage Nurse Case Managers will work closely with you and your Primary Care Physician in managing your medical care. Nurse Case Managers are available Monday through Friday, 8:00 a.m to 5:00 p.m. by calling 1-800-284-0626
Customer Service	Share Advantage Customer Service Representatives are available 24 hours a day, 7 days a week. Call 1-800-641-1902 to arrange for transportation services, or for answers to any other questions

How To Receive Medical Transportation Services

Transportation is available if you cannot get to and from the doctor's office and pharmacy. You will need to call a member representative from your health plan to set up this transportation. You should call your health plan at least 24 hours before your appointment to schedule a ride.

Grievances and Appeals

Grievances:

A grievance is a complaint involving access to care, quality of care, or communication issues with your health plan or PCP. If you have a grievance about your health care, contact the member representative from your health plan you are enrolled in and work through their grievance process. Refer to your member handbook from your health plan on how to contact them. You can file a grievance by phone or in writing.

Appeals:

An appeal is asking for a formal hearing when you disagree with a decision made by your health plan. You have the right to appeal when your health plan has made a decision to deny a service authorization request, to authorize a service in an amount, duration, or scope that is requested, or if your services are suspended, reduced, discontinued, or terminated. You also have a right to file an appeal if you disagree with any decision made by your health plan. Your health plan must send you a written notice of any action listed above.

There are two ways you can file an appeal:

1. Request an appeal with your health plan.

- Contact a member representative from your health plan either by phone or in writing. Please refer to your member handbook on how to file an appeal with your plan.
- You have ninety (90) days from the date on your notice of action to request a hearing.
- In cases where the health plan is required to send you timely and adequate notice, if you request an appeal hearing within ten (10) days following the date of the notice, the plan must continue your services.
- You may represent yourself at this hearing or be represented by another person.

2. Request a State Fair Hearing.

- The appeal request for a State Fair Hearing must be in writing.
- Send your appeal request to:

DHHS, Legal Services Hearing Officer Section
P.O. Box 98914
Lincoln, NE 68509-8914

- You have 90 days from the date on the notice of action to request a State Fair Hearing.
- In cases where the health plan is required to send you timely and adequate notice, if you request State Fair Hearing within 10 days following the date of the notice, the plan must continue your services.
- Once you have filed the appeal request for a State Fair Hearing, a hearing will be scheduled and you will be notified of the time and place.
- You may represent yourself at this hearing or be represented by another person.

You have the right to file an appeal only with your health plan; to only request a State Fair Hearing; or both.

Can I Change My Health Plan or Doctor?

The Nebraska Health Connection (NHC) program requires that you have a managed care plan and Primary Care Physician (PCP). From the time you receive your notice of enrollment letter, you will have 90 days to change your plan. After this 90 day period, you must remain with your health plan for 12 months. Changes can not be made during the 12-month period with the exception of the following:

- A request for disenrollment by you for good cause
- A request for disenrollment by your provider for good cause
- When DHHS imposes intermediate sanctions on the plan

You will receive in the mail about 60 days before the end of your 12 month enrollment period information about your open enrollment period. You will then receive a notice that you will have 15 days to choose a new health plan or stay with your current plan. You will need to contact the Medicaid Enrollment Center at 471-7715 in the Lincoln area or 1-888-255-2605 at the time you receive this notice.

You may request a change in your plan (disenrollment) for “good cause” at anytime. Some examples of good cause are:

- Poor quality of care given by your medical providers (e.g., not enough treatment for a medical condition, refusal to give referrals for a second opinion)
- Lack of access to covered medical services
- Lack of access to medical providers

To request disenrollment, you will need to contact the Enrollment Broker (see page 9) to complete the request. They will forward the request to the Department of Health and Human Services (DHHS) Division of Medicaid and Long-Term Care for a decision. You will be notified by DHHS of the decision made.

You may change your Primary Care Physician (PCP) at any time. You will need to contact your plan to request this change.



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Federally Qualified Health Centers

In eastern Nebraska, there are 5 health care facilities that provide culturally sensitive health care services to persons who are medically underserved. They are called Federally Qualified Health Centers (FQHCs). Each of these clinics work with other community health systems to offer a wide variety of preventive and primary health care services. Clinic staff includes physicians, nurse practitioners, physician assistants, nurses, and health educators. These clinics are also a part of the Medicaid Managed Care Program.

Services provided at these clinics:

- Well-Child Care & Immunizations
- Breast & Cervical Cancer Screening
- Family Planning
- Urgent Care
- Pregnancy Testing & Counseling
- Anonymous HIV Testing
- Referrals for Specialty Care
- Nutrition Counseling
- WIC
- Interpretation Services
- Women's Health Exams
- School & Sports Physical Exams
- Primary Health Care
- Minor Surgical Procedures
- STD Checks & Education
- Laboratory Testing
- Diabetic Education
- Women's Health Education
- Referrals to Other Community Services

The FQHCs available to you are:

NEBRASKA URBAN INDIAN MEDICAL CENTER
(402) 434-7177

PEOPLE'S HEALTH CENTER
(402) 476-1455

CHARLES DREW HEALTH CENTER
(402) 457-1200

ONE WORLD COMMUNITY HEALTH CENTERS
(402) 734-4110

CASS FAMILY MEDICINE
(402) 296-2345

Check with each clinic individually for office hours, making appointments, and how to contact a doctor after-hours.

Important Contact Information

- To enroll with a Health Plan and choose a PCP, call the **Medicaid Enrollment Center** at 471-7715 in the Lincoln area or 1-888-255-2605.
- For Mental Health and Substance Abuse services, call **Magellan Behavioral Health** at 1-800-424-0333
- To change your PCP, ask questions related to managed care, or to ask questions about the Lock-In Program, call your health plan member representative:



Coventry

Customer Information

1-888-784-2693

711 for those who use TDD/TTY

www.CoventryNebraskaMedicaid.com



ShareAdvantage

Customer Information

1-800-641-1902

1-800-833-7352

www.americhoice.com

Department of Health & Human Services



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